

DSHS CERTIFICATION NOMINATION FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES FOOD ESTABLISHMENTS GROUP

Return the completed nomination form to: Texas Department of State Health Services, Food Establishments Group, MC 1987, P.O. Box 149347, Austin, TX 78714-9347 or FAX (512) 834-6683.

APPLICANT INFORMATION

Candidate's Name: (Certificate Name...Please Print)		Title:	
Agency:		Dates of Service:	
Home Telephone Number:		Office Email Address:	
Office Telephone Number:		Office Fax Number:	
Office Mailing Address:	City:	State:	Zip:
Home Address:	City:	State:	Zip:

ELIGIBILITY INFORMATION

Formal Education/Training:

Completion of the Curriculum for Retail Food Safety Inspection Officers as Listed in Standard 2 of the FDA Voluntary National Retail Food Regulatory Program Standards:
(Attach copies of certificates or other documentation)

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Present Duties Conducting Food Safety Training and/or Standardization / Date Assigned

Continuing Education: (List hours of education with course titles/dates, within the last 2 years)

Note: 20 contact hours minimum to qualify for nomination.

Course	Hours	Date

Other Prerequisites Completed Within the Past 3 Years: (One box must be checked)

1 year of full time experience in retail food establishment inspections: ☐

100 food establishment inspections within the past 3 years: ☐

Our local health jurisdiction adopted the Texas Food Establishment Rules : ☐ **Yes** ☐ **No**

SUPERVISOR' SIGNATURE (Confirming request for nomination):

NAME (Signature): _____ **DATE:** _____

NAME (Print): _____ **TITLE** (Print): _____

For Office Use Only:

- ☐ ROUTINELY ENGAGED IN RETAIL FOOD PROTECTION PROGRAM WORK
- ☐ JOB RESPONSIBILITIES CONDUCTING FOOD SAFETY TRAINING AND/OR STANDARDIZATION
- ☐ 20 CONTACT HOURS OF TRAINING
- ☐ 1 YEAR FULL TIME EXPERIENCE OR 100 FOOD ESTABLISHMENT INSPECTIONS

COMMENTS: _____

☐ APPROVED ☐ DISAPPROVED SIGNATURE: _____ DATE: _____

ASSIGNED TO: _____ ☐ CENTRAL OFFICE ☐ REGION REGION # _____